



State of Alaska
Department of Labor & Workforce Development
Division of Business Partnerships
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## Denali Training Fund Program Quarterly Progress Report

Funds for this project are provided by the Denali Commission and the USDOL and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

|                       |                                           |
|-----------------------|-------------------------------------------|
| Name of Organization: | Council of Athabascan Tribal Governments  |
| Name of Project:      | Professional Development Training         |
| Reporting Period:     | October 1, 2010 through December 31, 2010 |
| Contact Name:         | Lona Ibanitoru                            |
| Contact Number:       | (907) 662-4526                            |

Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.

Signed by: Lona Marioneaux-Ibanitoru, Health Director

Dated 01/20/2010

The performance of this grant will be based upon the success achieved in relation to the goals established and approved by the Alaska Department of Labor, and will be reported in the Grantee's quarterly progress reports. Specific goals and objectives for this project are:

The Grantee will partner with Alaska Native Tribal Health Organization (ANTHC) to provide training for two participants. This project will support the completion of Year 2 DHAT clinical training in Bethel for one participant and Year 1 DHAT curriculum in Anchorage for one participant. The two individuals are residents of the Yukon Flats community and will return home to work in the Council of Athabascan Tribal Governments' (CATG's) IHS/CHC Yukon Flats Health Center and our five additional clinics in the remote tribal villages of Birch Creek, Beaver, Arctic, Circle and Venetie.

Each participant will complete the didactic and clinical portions of the training based on the University of Washington's grading system. The participants will be tested on all technical and skill portions of the curriculum. The program operates under guidelines of the Indian Health Service's Alaska Community Health Aide Program Certification Board Standards. A Federal Certification Board will certify that each participant will meet all educational and other conditions for Certification. The participants will sign a contract with the sponsoring Tribal

Health Organization in which the participants agrees to work for the Tribal Health Organization for four years after graduation.

**TARGET POPULATION:**              2   **PARTICIPANTS**

Participants served to date: Two

**GOALS/OBJECTIVES ACCOMPLISHED TO DATE:**  
Please provide the number of participants served to date.

**Goal 1** To improve employability skills through hands-on training experiences to prepare rural Alaskans for successful transition in to Alaska's workforce.

**Objective 1.1**                      Participants maintain passing grade average.

**Objective 1.2**                      Participants maintain above average attendance record.

**Objective 1.3**                      One participant successfully completes Year 1 of the training program.

**Objective 1.4**                      One participant successfully completes Year 2 of the training program.

| Goals & Obj. |   | Outcome                                                            | Completed Yes / No or In Progress | Documentation                                                   |
|--------------|---|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|
| 1            | 1 | Participant maintains passing grade average.                       | Yes                               | Maintain copies of grade reporting on file for inspection.      |
|              | 2 | Participant maintains above average attendance record.             | Yes                               | Maintain copies of attendance reporting on file for inspection. |
|              | 3 | Participant successfully completes Year 1 of the training program  | Yes                               | Maintain copy of completed courses on file for inspection.      |
|              | 4 | Participant successfully completes Year 2 of the training program. | Yes                               | Maintain copy of completed courses on file for inspection       |

**NARRATIVE OF SERVICES:**

Provide a brief narrative of services provided this quarter by applicable Goal/Objective as listed above.

Goal #1: The University of Washington, Dentex Program released Unofficial Academic transcripts for both participants both average a GPA over 3.2. The transcripts were emailed to the Council of Athabascan Tribal Governments and are on file at the Yukon Flats Health Center. One participant graduated 12/10/2010 and the other participant participated in the White Coat Ceremony.

Goal #2: The Alaska Native Tribal Health Consortium, Division of Community Health Services, U.W. Dentex Training Center in Anchorage has forward by letter a confirmation that both participants has not had any unexcused absences and that information is on file at the Yukon Flats Health Center.

Goal #3: Shannon Hardy (Participant) successfully competed year 1 of the Dentex Program and has transition into year 2. On 12/10/2010 Shannon received a white coat signifying completion and readiness for year 2 which is patient care.

Goal #4: Corrina Cadzow Graduated 12/10/10 successfully completing year 2 and will begin employment at the Yukon Flats Health Center as a Dental Health Aide Therapist on 01/10/2011. Certification of Completion is on file at the Yukon Flats Health Center.

**ACCOMPLISHMENTS: SUCCESS STORIES:**

Provide a narrative of participant successes resulting from participation in your program. Please include photos as a separate attachment. Pictures submitted by email from Melinda Peter, Clinic Director at the Yukon Flats Health Center.

**PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD:**

Describe the grant activities you expect to complete during the next quarter.

To review Shannon's progress and observe what Corrina has learn in the program and how she applies that training in the work environment.

**ON TIME AND ON BUDGET:**

Are the grant activities progressing as planned? Are you within your budget? If not, what is the cause? What is the solution? How can we help? Yes, the grant activities are progressing as planned.

**DEMOGRAPHIC DATA:**

List the number of trainees by their home community, the type of training, certification, training date, graduation date, and who will employ them upon completion of training this quarter.

| Number of Trainees | Home Community | Type of Training | Type of Certification        | Training Dates     | Graduation Date | Commitment for employment after training |
|--------------------|----------------|------------------|------------------------------|--------------------|-----------------|------------------------------------------|
| 1                  | Fort Yukon     | Dentex Program   | Dental Health Aide Therapist | 01/2010-12/31/2010 | 12/2010         | Yes-Four Years                           |
| 1                  | Fort Yukon     | Dentex Program   | Dental Health Aide Therapist | 01/2010-12/31/2011 | 12/2011         | Yes-Four Years                           |
|                    |                |                  |                              |                    |                 |                                          |
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|                    |                |                  |                              |                    |                 |                                          |

**Please note:** The data collected in your Quarterly Progress Report provides vital information that can have a direct impact on future funding for our grant programs. Forwarding your success stories and photos as part of our requests is further evidence of how rural youth training is crucial to building a strong workforce for Alaska. Thank you in advance for your cooperation.